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Row 1 Administrative Data	y Reporting Form for 6(a) Reporter Name <b>Kip Landwehr</b>	Submission date. 7.1.2016	Contact person	Page #1 of 15  Internal ID					
	Address Winfield Solutions, P.O. Box 64281 Shoreview, MN 551			Address  Phone #					
	Phone # (972) 462-8656								
	Incident Status: New X Update If update, include date of original submission.	date of incident.  Date registran became aware incident.			f larger study?				
Row 2 Pesticide(s)	EPA Registration # (Proc	EPA Registration	n # (Product 2)	EPA Registration	EPA Registration # (Product 3				
Involved	A.I. (s)	A.I. (s)		A.I. (s)	A.I. (s)				
	Product 1 name  Cornerstone	Product 2 Name	,	Product 3 Name					
	Exposed to concentrate p	orior to NA_X		centrate prior to	X dilution? Y N U NA				
	Formulation		Formulation		Formulation				
Row 3 Incident Circumstances	Evidence label directions were not followed? Yes No U X Intentional misuse  Applicator certified	yard, schoo surface wat building/off (specify cro highway)).	e: (examples inclu d, industrial, nurse er, commercial tur fice, forest/ woods op) right-of-way (re	ery/greenhouse, rf, include mixing/loading, reentry, application transportation, repair/ maintenance of application equipment, manufacturing/					
	PCO? Yes_No_U_X_	Home/Ya	ard						
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) Inhaled spray mist	Individu: develope	iption of incident o al spraying Co d respiratory i	ornerstone on a windy day, inhaled product and					

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans Provide all known, required information. If required data field information is unknown, designate as such in appropri-

Demographic information: Age: 85 Sex: Male Occupation (if relevant)	Exposure route: Skin EyeOral Respiratory_X Unknown Other:	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)?		
If female, pregnant? Yes No Unknown	Was exposure occupational? YesNo_XUnknown If yes, days lost due to illness:	Time between exposure and onset of symptoms: 48 hours before individual sought medical assistance			
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).	List signs/symptoms/adverse eff Caller stated his father in la Cornerstone. He did this Fr developed difficulty breathi Monday. Dr. told him he ha	If lab tests were performed, list test names and results (If available, submit reports)  Unknown			
Exposure data: Amount of pesticide:	and was placed on oxygen a denies he had any respirato				
Exposure duration:  Victim weight:lbkgunknown					
Human severity category: H-B					

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